

M210000197

Florida Department of State
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To: Division of Corporations
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From: Account Name : JONES FOSTER P.A.
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2/18/2021 1:57 PM

Foreign Limited Liability Company
708 NEW FORGE ROAD LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 708 NEW FORGE ROAD LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C."

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 86-2121794
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. c/o EISNER AMPER, ATTN: BARRY GOULD
(Street Address of Principal Office)

6. SAME
(Mailing Address)

1001 BRICKELL BAY DR., #1400
MIAMI, FL 33131

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: JONES FOSTER SERVICE, LLC

Office Address: 505 SOUTH FLAGLER DR., SUITE 1100

WEST PALM BEACH, Florida 33401
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fi and accept the obligations of my position as registered agent.

By: 
(Registered agent's signature)
Barry B. Alexander, Jr., Manager

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or person manage {up to six (6) total}:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: OLIVIA REDMONND	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 340 ROYAL POINCIANA WAY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	SUITE 317-229 PALM BEACH, FL 33480	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

OLIVIA REDMOND, MANAGER

Typed or printed name of signer

Delaware

Page

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "708 NEW FORGE ROAD LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "708 NEW FORGE ROAD LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5127859 8300

SR# 20210502987

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202

Date: 01